

**IN THE UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION**

ELAINE M. COLEY,

Plaintiff,

v.

ALABAMA MEDICAID AGENCY,

Defendant.

CASE NO: 2:06cv378-WKW

**DEFENDANT’S INTERROGATORIES AND REQUESTS FOR
PRODUCTION OF DOCUMENTS TO PLAINTIFF**

Pursuant to Federal Rules of Civil Procedure 26, 33 and 34, Defendant Alabama Medicaid Agency (“Medicaid”) hereby requests that the Plaintiff Elaine M. Coley answer the following Interrogatories and Requests for Production in accordance with the definitions and instructions contained herein, the Federal Rules of Civil Procedure and the Local Rules of the Court (collectively the “Rules”). In accordance with the Rules, the Defendant offers to pay for all reasonable costs of copying, reproduction and mailing of documents which are responsive to these Interrogatories and Requests for Production.

DEFINITIONS

Unless otherwise specified, the following definitions shall apply to the Interrogatories and Requests for Production and other definitions:

1. The terms “you” and “your” mean you as the Plaintiff, and all, officers, directors, partners, trustees, employees, agents, representatives, investigators, accountants, lawyers, bankers, financial analysts or advisers, or other persons or parties

acting on your behalf and include all individuals and entities who are no longer, but once were, in one of these positions, capacities, statuses or relationships during the relevant time period.

2. The terms “document” and “documents” are intended in their broadest sense, and include without limitation, any original, matrix, reproduction, or copy of any kind, typed, recorded, graphic, printed, photostat, written or documentary matter, including, without limitation, correspondence, memoranda, interoffice communications, notes, diaries, contracts, agreements, drawings, plans, photographs, movies, negatives, specifications, estimates, vouchers, permits, written ordinances, minutes of meetings, invoices, billings, checks, reports, studies, telegrams, telexes, notes of telephonic conversations, intra-corporate communications, computer programs and data including all matter stored on magnetic or other disc, tape or film, or in computer storage, including all indices and keys that would assist in retrieving or interpreting the matter, and/or reproductions of any and all communications by all means of recording any tangible thing, including letters, words, pictures, sounds, or symbols or combinations thereof, and all written, printed, typed, recorded or graphic matter of any kind or character, now or formerly in your actual or constructive possession, custody or control, however produced, recorded, stored or reproduced for access. With respect to a document covered by a Request for Production, if a document was prepared in more than one copy, or if additional copies were subsequently made, and if any copies were not identical or are no longer identical by reason of subsequent notation or modification of any kind, including, without limitation, notations, on the front or back of any of the pages of the document, then each non-identical copy is a separate document and shall be identified.

3. The terms “Defendant” and “Medicaid” refers to the Defendant identified in the Complaint as Alabama Medicaid Agency and any of its employees, agents, representatives, or any other persons acting for or on behalf of the Defendant as identified.

INTERROGATORIES

1. Please state the name, business address, telephone number and residential address and telephone number of any person or persons answering the Interrogatories on your behalf and any persons who were consulted in the preparation of responses to the written discovery.

2. List every adverse job action by Medicaid or anyone acting on behalf of Medicaid, which forms the basis of your Complaint in this lawsuit.

3. Provide the name of every Medicaid employee you allege Medicaid or anyone acting on behalf of Medicaid, treated more favorably than Medicaid treated you.

4. Describe in detail how each of the persons identified in response to the preceding Interrogatory was treated more favorably than you were treated by Medicaid.

5. Describe in detail the “discrimination in performance appraisals” you refer to in paragraph 4(4) of your Complaint, providing the dates of each such acts of “discrimination.”

6. Describe in detail every “promotional & advancement opportunity” you refer to in paragraph 4(4) of your Complaint.

7. Describe in detail the “negative information” you identify in paragraph 4(4) of your Complaint that you claim was placed in your personnel file.

8. Describe in detail every act of “retaliation” you refer to in paragraph 6(E) of your Complaint, providing the dates of each such act.

9. Describe in detail every act of discrimination or harassment you claim Robin Rawls engaged in, providing the dates of each such act.

10. Describe in detail every act of discrimination or harassment you claim Carol Herman engaged in, providing the dates of each such act.

11. Describe in detail every act of discrimination or harassment you claim Lee Maddox engaged in, providing the dates of each such act.

12. Describe in detail every act of discrimination or harassment you claim Mike Murphy engaged in, providing the dates of each such act.

13. Name any other individual you claim engaged in any act of discrimination or harassment that forms the basis of your lawsuit.

14. For each person identified in response to the preceding Interrogatory, describe in detail every act of discrimination or harassment you claim that person engaged in.

15. Identify the “promotional & advancement opportunities” you claim you were denied as set forth in paragraph 4(4) of your Complaint.

16. For the “promotional & advancement opportunities” listed in response to the preceding Interrogatory, please state your qualifications for each opportunity.

17. For the “promotional & advancement opportunities” listed in response to the preceding two Interrogatories, state whether you completed a written or oral application for such opportunity and if so, please provide the dates of the application and to whom the application was given.

18. Please describe in detail the “complaints made to human resources regarding harassment and disparate treatment” referred to in paragraph 6(E) of your Complaint. Please include the dates of each “complaint” and the name of each person to whom a “complaint” was made.

19. Please provide a list of all of your employers before, during and after your employment or application for employment with Medicaid, including the dates of all such employment.

20. Please state whether you have previously made any formal or informal claim or other allegation of discrimination or harassment against any person or entity (other than Medicaid) and if so, provide the name of such person or entity and the date of your claim.

21. Please state any other ways in which you allege you were injured or damaged by discrimination or harassment in your employment with Medicaid.

22. Please state whether you have taken or received any statement, either orally or in writing, from any person or entity who had any information or knowledge relating to the allegations of your lawsuit and identify each such person or entity and the date such statements were taken.

23. Please identify any individual whom you believe or know to have personally witnessed the events made the basis of your lawsuit or to have knowledge of any injury which you are claiming you have sustained as proximate result of the events made the basis of your lawsuit.

24. If you have ever been a party to or witness in any other civil litigation or administrative proceeding, please describe in detail your participation in said litigation or

proceeding including, but not limited to, the Court (or agency) in which each such action was instituted, the date each such action was filed, your position in each such action, the nature of each such action, the result of each case that has been concluded and the date set for trial of any pending action.

25. Please describe in detail all of the damages, out-of-pocket expenses, financial losses and/or special damages however described which you are seeking to recover in this action including, but not limited to, each and every item of damages for which you are seeking to recover in this action, the amount of money you are seeking to recover for each such item, and the method and computation used in arriving at the amount of damages claimed by you.

REQUESTS FOR PRODUCTION

1. Provide a copy of all documents evidencing or otherwise relating to “negative information” you identify in paragraph 4(4) of your Complaint that you claim was placed in your personnel file.

2. Provide a copy of all documents evidencing or otherwise relating to your qualifications for the “promotional & advancement opportunities” you claim you were denied as set forth in paragraph 4(4) of your Complaint.

3. Provide a copy of all documents evidencing or otherwise relating to the “complaints made to human resources regarding harassment and disparate treatment” referred to in paragraph 6(E) of your Complaint.

4. Provide a copy of all documents evidencing or otherwise relating to any formal or informal claim or other allegation of discrimination or harassment made by you against Medicaid or anyone acting on behalf of Medicaid.

5. Provide a copy of all documents evidencing or otherwise relating to any formal or informal claim or other allegation of discrimination or harassment made by you against any person or entity (other than Medicaid).

6. Provide a copy of all documents evidencing or otherwise relating to any communications of any kind between you and Medicaid or anyone acting on behalf of Medicaid that is in any way related to the matters or facts and circumstances that form the basis of this civil litigation.

7. Provide a copy of all documents evidencing or otherwise relating to any communications of any kind between representatives, officers, or agents of Medicaid that is in any way related to the matters or facts and circumstances that form the basis of this civil litigation.

8. Provide a copy of all other documents that in any manner substantiate, refer or pertain to the allegations in the Complaint.

9. Provide a copy of any and all reports prepared by any expert witnesses retained by you, that will be called to testify during discovery or trial of this matter.

10. Provide a copy of all documents evidencing or otherwise relating to your claim for damages in this matter.

11. Provide a copy of all documents evidencing or otherwise relating to any statement, either orally or in writing, from any person or entity that has or had any information or knowledge relating to the allegations in the Complaint.

12. Provide a copy of all documents evidencing or otherwise relating to any civil litigation or administrative proceeding to which you have been a party, other than the present lawsuit.

13. Provide a copy of any texts, treatises or other publications you intend to rely upon in your cross-examination of Medicaid or witnesses for Medicaid or that you otherwise intend to rely upon in this matter.

14. Provide a copy of all documents evidencing or otherwise relating to any reports prepared by investigators or consultants which in any way relate to your lawsuit.

15. Provide a copy of all documents evidencing or otherwise relating to written statements or recordings which in any way relate to your lawsuit.

16. Provide a copy of all documents or things received by you or your attorney via subpoena in any civil litigation which in any way relate to your lawsuit.

Dated: October 11, 2006.

s/Amanda C. Carter

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CERTIFICATE OF SERVICE

I do hereby certify that on this the 10th day of October, 2006, I electronically filed the foregoing with the Clerk of the Court using the CM/ECF system and that I mailed a copy of the foregoing to the Plaintiff, properly addressed and first class postage prepaid.

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s/Amanda C. Carter

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